

6. Brief Description of the Character of Business Conducted in Rhode Island

L. Corporate ID No.

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

22030

2. Name of Corporation

State

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e&d)) is subject to a penalty fee of \$25.00.

of Incorporation

	SSES OF THE OFFI	CERS: ("X" BOX FOR ATTA	<i>(CHMENT)</i> 🔲 FILL IN SPA	ACES BEFORE USING	G ATTACHMENTS
President Name			Vice President Name		
Street Address			Philippa	fewell	
400 Marune	at Carner D	c. Sto. 400	Street Address 11	ent Corner	Dr. Sto UDO
chy	State 1 77	Zip	Can C	State 1 7 1	(A)
Secretary Name		1.3-30.20	Treasurer Name	I V <i>F</i>	1,93020
			TABBIEL GAZE		
Street Address			Street Address		
City	State	7		l cana	1
310	Mare	Zip	City	Saite	Zip
	SSES OF THE DIRE	CTORS: ("X" BOX FOR AT	TACHMENT) [] FILL IN S	PACES BEFORE USI	NG ATTACHMENTS
Director Name			Director Name		
Street Address			Street Address 2		
Director Name			Pirector Name		
Street Address			Street Address		
City:	State	Zip	$CH_{\mathcal{V}}$	State	
			•		:3 N
9. SHARES AUTHORIZE	ED		10. SHARES ISSUED (" ISSUED SHARES — THIS SECTION		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			17		****
			Vone		
			TA CONTRACTOR		
This report must be exec	ruted on behalf of the	e corporation by an authorize	d representative. If the com	poration is in the hand	ds of a receiver or trustee.
this report must be execu-	uted on behalf of the	corporation by the receiver	or trustee.		
		1A · K	1 7)		
		// · Ø			
		FILED	Under penalty of perjudiced including any accomp	my. I declare and affirm anying schedules and st	that I have examined this report atements, and that all statements
/0		CED 10 0000	contained herein are to		/ /
File Date	444	_ FEB 19,2009	171. Ct	///	2/6/09
Check No	11 Hy 61.8316	3y //h	Signature		Date
1. 27/18	William To	11/1/2/2	27 Milanic	(geni dos	
By:			Print or Type Name		
FOR SECRETARY C	OF STATE USE ONLY		Title		
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C. C. PACE SYSTEMS, INC.

CORPORATE ID #: 136794

FORM 6300: ATTACHMENT

SECTION: 7

Joanie Cassens. Vice President 4100 Monument Corner Drive, Suite 400 Fairfax, VA 22030

Craig Hughes, Vice President 4100 Monument Corner Drive, Suite 400 Fairfax, VA 22030